		H AND HUMAN SERVICES	456	51, 111	FORM	D: 03/29/201 M APPROVE
CENTERS FOR MEDICAR STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		E & MEL ID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI	E CONSTRUCTION 01 - MAIN BUILDING 01	OMB NO. 0938-((X3) DATE SURVEY COMPLETED	
		44E232	B. WING		03/	/22/2011
	ROVIDER OR SUPPLIER E COUNTY NURSIN		107	ET ADDRESS, CITY, STATE, ZIP CODE WHEELERTOWN AVENUE EVILLE, TN 37367		22/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
SS=D	Doors protecting of required enclosure hazardous areas at those constructed wood, or capable of minutes. Doors in required to resist to no impediment to are provided with a the door closed. If are permitted. Roller latches are in all health care fair all health care fair all health care fair and on 3/22/11, at 12:3 room 109 revealed fifteen pound force within the frame. Note that is a sociation NFPA. This finding was actived.	is not met as evidenced by: tions during the survey, it was illity failed to maintain the as required. e: 80 p.m., observation within the door required more than (15lbf) to open and close ational Fire Protection	K 018	What corrective action will accomplished for those rest found to have been affected deficient practice: No individual resident was complished for those rest found to have been affected deficient practice: No individual resident was complete the same deficient practice corrective action will be talknown as the same deficient practice. The Maintenance staff trimm protection to prevent any rest when opening and closing deficient practice does not what systematy you will make to ensure the deficient practice does not maintenance Dept. will check within the facility to ensure the corridor openings are proper maintained. This will be cortained.	idents id by the ited. r residents affected by and what ken. ial to be med door istance oor in room tic changes at the recur: k all doors that all ly	4/15/11
BORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE
High.	wie Bryntz		A 1	5	41-111	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Event ID: TG1H21

Facility ID: TN0401

If continuation sheet Page 1 of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/29/2011 CENTERS FOR MEDICARE & MEL AID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING GOMPLETED 84 - MAIN BUILDING 01 B. WING 44E232 NAME OF PROVIDER OR SUPPLIER 03/22/2011 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PRFFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) COMPLETION EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) K 018 NFPA 101 LIFE SAFETY CODE STANDARD K 018 SS=D How the corrective action will be Doors protecting corridor openings in other than monitored to ensure the deficient required enclosures of vertical openings, exits, or practice will not recur: i.e., what hazardous areas are substantial doors, such as quality assurance program will be those constructed of 13/4 inch solid-bonded core put into place: wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only The Maintenance Director and staff required to resist the passage of smoke. There is will continue to monitor all corridor no impediment to the closing of the doors. Doors openings to ensure that all doors open are provided with a means suitable for keeping and close properly as required. the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the corridor openings as required. The findings include: On 3/22/11, at 12:30 p.m., observation within room 109 revealed the door required more than

Administrator and verified by the Maintenance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

fifteen pound force (15lbf) to open and close within the frame. National Fire Protection

Association NFPA 101 7.2.1.4.5

This finding was acknowledged by the

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TG1H21

Facility ID: TN0401

If continuation sheet Page 1 of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/29/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICARE JD SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 44E232 NAME OF PROVIDER OR SUPPLIER 03/22/2011 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 018 Continued From page 1 K 018 Director during the exit interview on 3/22/11 K 067 NFPA 101 LIFE SAFETY CODE STANDARD K 067 K 067 SS=D Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed What corrective action will be accomplished for those residents in accordance with the manufacturer's specifications. found to have been affected by the 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 deficient practice: No individual resident was cited. How will you identify other residents This STANDARD is not met as evidenced by: having the potential to be affected by Based on observations during the survey, it was the same deficient practice and what determined the facility failed to maintain the corrective action will be taken. 3 30111 heating, ventilation and the air-conditioning system as required. All residents have the potential to be affected by this practice. The findings include: The Maintenance Staff was able to fix On 3/22/11, at 12:10 p.m., observation within the the exhaust fan unit in the employee employee handicap bathroom revealed the handicap bathroom by closing an exhaust fan unit was not working. National Fire opening in duct in ceiling. This was Protection Association. (NFPA) 101, 19.5.2.1. completed on 3/30/11 This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/22/11. K 147 NFPA 101 LIFE SAFETY CODE STANDARD K 147 SS=E Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the electrical system as required.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDI D SERVICES

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
				A. BUILDING 01		- MAIN BUILDING 01	COMPLETED	
			44E232	B. WING	}		02/	22/2044
NAME OF P	ROVIDER OR SUPPLIER				STREET ADD	DRESS, CITY, STATE, ZIP CODE	031	22/2011
BLEDSO	E COUNTY NURSING	HOME				ELERTOWN AVENUE LE, TN 37367		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L	Y MUST BE PR	ECEDED BY FULL	ID PREFIX TAG	CR	PROVIDER'S PLAN OF CORRE EACH CORRECTIVE ACTION SH OSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 018	Continued From pa	age 1		K0	18			
K 067 SS=D	Director during the NFPA 101 LIFE SA Heating, ventilating with the provisions in accordance with specifications. 19.5.2.2	AFETY COD I, and air co of section S the manufa	DE STANDARD Inditioning comply 2.2 and are installed	K 06	67 Whinto you defi	at measures will be put place or what systematic will make to ensure that to cient practice does not rec Maintenance Director and monitor all units within the nsure that all units are proportained as required.		
	This STANDARD Based on observat determined the fac heating, ventilation system as required The findings includ	ions during ility failed to and the air-	the survey, it was maintain the		mor pra- qua put	w the corrective action will nitored to ensure the defic ctice will not recur: i.e., w lity assurance program w into place: Maintenance Director and routinely conduct a "tissue	ient hat ill be Staff	
	On 3/22/11, at 12:1 employee handican exhaust fan unit wa Protection Associat This finding was ac	bathroom as not worki tion. (NFPA	revealed the ng. National Fire) 101, 19.5.2.1.		to en	nsure that all vents are propking.		
K 147 SS=E	Administrator and v Director during the NFPA 101 LIFE SA Electrical wiring and with NFPA 70, Nat	exit intervie FETY COD d equipmen	w on 3/22/11. E STANDARD t is in accordance	K 14	7	200		
	This STANDARD is Based on observation determined the facion electrical system as	ons during to lity failed to	the survey, it was					OF CONTRACTOR OF

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDI FORM APPROVED D SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 44E232 NAME OF PROVIDER OR SUPPLIER 03/22/2011 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 147 Continued From page 2 K 147 K 147 The findings include: 1) Wall Outlet On 3/22/11, at 11:30 a.m., observation within the What corrective action will be breezeway in the back hall area revealed the wall accomplished for those residents outlet was not a Ground Fault Circuit Interrupter found to have been affected by the outlet GFCI. National Fire Protection Association deficient practice: 70, 210-8(a)(3) No individual resident was cited. On 3/22/11, at 11:50 a.m., observation within the laundry room revealed the electric panel had an How will you identify other residents open slot among the circuit breakers. National having the potential to be affected by Fire Protection Association (NFPA) 70, 373-4 the same deficient practice and what 4/1/11 corrective action will be taken. On 3/22/11, at 12:15 p.m., observation within resident room 102 revealed the use of a multiple All residents have the potential to be adapter. National Fire Protection Association affected by this practice. (NFPA) 70, 240-5 Maintenance Staff replaced the wall On 3/22/11, at 1:55 p.m., observation within the outlet in the breezeway in the back hall ceiling area above rooms 118 and 120 revealed area with a new GFCI outlet on 4/1/11. the light fixture was loose. National Fire Protection Association (NFPA) 70, 110-13(a) What measures will be put into place or what systematic changes These findings were acknowledged by the you will make to ensure that the Administrator and verified by the Maintenance deficient practice does not recur: Director during the exit interview on 3/22/11. Maintenance Director and staff will check all outlets to ensure that the facility maintains the electrical system as required. How the corrective action will be monitored to ensure the deficient practice will not recur: i.e., what quality assurance program will be put into place: Maintenance Staff will routinely

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TG1H21

Facility ID: T

monitor throughout the facility to ensure that the electrical system is properly maintained.

reet Page 3 of 3

PRINTED: 03/29/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDI D SERVICES

PRINTED: 03/29/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 44E232 03/22/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE BLEDSOE COUNTY NURSING HOME PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 147 Continued From page 2 K 147 2) Electrical Panel in Laundry Room The findings include: What corrective action will be accomplished for those residents On 3/22/11, at 11:30 a.m., observation within the found to have been affected by the breezeway in the back hall area revealed the wall outlet was not a Ground Fault Circuit Interrupter deficient practice: outlet GFCI. National Fire Protection Association No individual resident was cited. 70, 210-8(a)(3) On 3/22/11, at 11:50 a.m., observation within the laundry room revealed the electric panel had an How will you identify other residents open slot among the circuit breakers. National having the potential to be affected by Fire Protection Association (NFPA) 70, 373-4 the same deficient practice and what corrective action will be taken. On 3/22/11, at 12:15 p.m., observation within resident room 102 revealed the use of a multiple All residents have the potential to be adapter. National Fire Protection Association affected by this practice. (NFPA) 70, 240-5 Maintenance Dept. purchased a blank On 3/22/11, at 1:55 p.m., observation within the cover for electrical box to cover open ceiling area above rooms 118 and 120 revealed slot among the circuit breakers on the light fixture was loose. National Fire 3/30/11. Protection Association (NFPA) 70, 110-13(a) What measures will be put These findings were acknowledged by the into place or what systematic changes Administrator and verified by the Maintenance you will make to ensure that the Director during the exit interview on 3/22/11. deficient practice does not recur: Maintenance Staff will check all electrical panels to ensure that the facility maintains the electrical system as required. How the corrective action will be monitored to ensure the deficient practice will not recur: i.e., what quality assurance program will be put into place: FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: TG1H21 Facility II

heet Page 3 of 3

Maintenance Director and Staff will routinely monitor facility to ensure that the electrical system is maintained as required.

PRINTED: 03/29/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING_ 44E232 03/22/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE BLEDSOE COUNTY NURSING HOME PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 147 | Continued From page 2 K 147 3) Resident Room 102 – Multiple Adapter The findings include: What corrective action will be accomplished for those residents On 3/22/11, at 11:30 a.m., observation within the found to have been affected by the breezeway in the back hall area revealed the wall deficient practice: outlet was not a Ground Fault Circuit Interrupter outlet GFCI. National Fire Protection Association No individual resident was cited. 70, 210-8(a)(3) How will you identify other residents On 3/22/11, at 11:50 a.m., observation within the having the potential to be affected by laundry room revealed the electric panel had an the same deficient practice and what open slot among the circuit breakers. National corrective action will be taken Fire Protection Association (NFPA) 70, 373-4 All residents have the potential to be On 3/22/11, at 12:15 p.m., observation within affected by this practice. resident room 102 revealed the use of a multiple adapter. National Fire Protection Association Maintenance Staff disposed of multiple (NFPA) 70, 240-5 adapter in resident room 102 on 3/30/11. On 3/22/11, at 1:55 p.m., observation within the ceiling area above rooms 118 and 120 revealed the light fixture was loose. National Fire What measures will be put Protection Association (NFPA) 70, 110-13(a) into place or what systematic changes you will make to ensure that the These findings were acknowledged by the deficient practice does not recur: Administrator and verified by the Maintenance Director during the exit interview on 3/22/11. Maintenance Staff will check the resident rooms throughout the facility for multiple adapters. How the corrective action will be monitored to ensure the deficient practice will not recur: i.e., what quality assurance program will be put into place: Maintenance Staff will continue to

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TG1H21

Facility i monitor the facility to ensure that the n sheet Page 3 of 3 electrical system is maintained as required.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/29/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDIC ... D SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 44E232 03/22/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE **BLEDSOE COUNTY NURSING HOME** PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 4) Light Fixtures Rooms 118 K 147 Continued From page 2 K 147 And 120 The findings include: What corrective action will be accomplished for those residents On 3/22/11, at 11:30 a.m., observation within the found to have been affected by the breezeway in the back hall area revealed the wall deficient practice: outlet was not a Ground Fault Circuit Interrupter outlet GFCI. National Fire Protection Association No individual resident was cited. 70, 210-8(a)(3) On 3/22/11, at 11:50 a.m., observation within the How will you identify other residents laundry room revealed the electric panel had an having the potential to be affected by open slot among the circuit breakers. National the same deficient practice and what Fire Protection Association (NFPA) 70, 373-4 corrective action will be taken On 3/22/11, at 12:15 p.m., observation within All residents have the potential to be resident room 102 revealed the use of a multiple affected by this practice. adapter. National Fire Protection Association (NFPA) 70, 240-5 On 3/22/11, at 1:55 p.m., observation within the Maintenance Staff added extra screws ceiling area above rooms 118 and 120 revealed for security to both light fixtures that was loose in rooms 118 and 120 on the light fixture was loose. National Fire Protection Association (NFPA) 70, 110-13(a) 3/30/11. These findings were acknowledged by the Administrator and verified by the Maintenance What measures will be put Director during the exit interview on 3/22/11. into place or what systematic changes you will make to ensure that the deficient practice does not recur:

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TG1H21

How the corrective action will be monitored to ensure the deficient Facility practice will not recur: i.e., what quality assurance program will be put into place:

required by the facility.

Maintenance dept. will check all light fixtures throughout the facility to make sure the fixtures are secure and the electrical system is maintained as

sheet Page 3 of 3

Maintenance Director and staff will continue to monitor all light fixtures for security.